



18 Timberline Drive  
Farmington, CT 06032  
(860) 674-1370 (phone)  
(860) 674-1378 (fax)  
(860) 305-9835 (cell)  
[www.advocacyforpatients.org](http://www.advocacyforpatients.org)  
[patient\\_advocate@sbcglobal.net](mailto:patient_advocate@sbcglobal.net)

### **Testimony of Jennifer C. Jaff, Esq. In Opposition To Raised Bill 6524**

Thank you for allowing me to testify today in opposition to Raised Bill No. 6524.

This Bill would require the aged, blind and disabled who are dually eligible for Medicaid and Medicare to choose a Medicaid managed care plan as an alternative to traditional Medicaid. This is a bad idea for several reasons.

First, one need only have skimmed the newspapers over the past year or so to have heard horror stories about seniors and disableds who have chosen to participate in Medicare Advantage Plans, which are HMOs for Medicare. These plans have proven to be expensive and confusing to this population. In addition, we have seen far more denials of coverage from Medicare Advantage Plans than we have ever seen from traditional Medicare. These plans cost more, promise the moon, and fail to deliver medically necessary care.

The same reasoning pertains, in our view, to the HUSKY managed care organizations. They are more expensive than traditional Medicaid, they add an additional layer of complexity and confusion, and they administer benefits more narrowly than does traditional Medicaid.

Medicare is confusing enough without adding an additional layer of complexity. The aged, blind and disabled have to enroll in Medicare Part B, and they have to go through the difficult process of selecting a Medicare Part D drug plan. They are aggressively marketed by Medicare Advantage Plans even though they are eligible for Medicaid and, thus, do not

need Medi-gap coverage. To add yet another decision to this annual ritual will just make the system that much more difficult for them to navigate.

Frankly, in light of the fact that, in both Medicaid and Medicare, managed care has proven to be more expensive than traditional fee-for-service, we fail to see the benefit of managed care to this population. Add to this the fact that these plans provide narrower coverage than traditional fee-for-service arrangements, and there simply is nothing to be gained by this proposal. Managed care plans limit the number of providers available to patients, and capitated care provides an incentive to provide less care. Combine that with the fact that this population of patients is most likely to suffer from multiple, complex medical conditions, and you have a recipe for nothing short of disaster.

Thus, we strongly oppose Raised Bill No. 6524. Thank you.